

California Board of Accountancy

2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



CREDENTIALS EVALUATION SERVICE APPLICATION Please provide all requested information listed below.

Name of Applicant Organization:		
Address:		
	_ State: Zip Code:	
Telephone Number: ()	Fax Number: ()	
Website Address (if available):		
Name of Contact Person:	Title:	
 THE ORGANIZATION CERTIFIES TO THE FOLLOWING: It is a member of: American Association of Collegiate Registrars and Admission Officers; or, National Association of Foreign Student Affairs; or, National Association of Credential Evaluation Services. It complies with its current written procedure for identifying fraudulent transcripts. 		(Check)
	current reference materials that are accurate evaluations and are the	
4. It complies with its appeal prod	cedure for applicants.	
Check one of the following:		(Check)
This is its initial application, ar with thirty days of California B minimum six-year document re	oard of Accountancy approval, a	
6. This is its renewal application,		

THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION:

- 1. A copy of its current written procedure for identifying fraudulent transcripts.
- Resumes or curriculum vitae for each evaluator and translator which provide biographical information, including a list of languages spoken and years in service.
- 3. Organization Chart showing the ratio of senior staff members to junior staff members (not to exceed a one to five ratio).
- 4. Written evidence that a minimum of 50% of evaluations performed by junior staff members are reviewed by senior staff members (Written evidence means providing, for the previous five years, the total number of evaluations performed, the total number of evaluations performed by junior staff members, and the total number of evaluations performed by junior staff members that were reviewed by senior staff members).
- 5. A list of at least three accredited colleges and universities or other licensing agencies using its services.
- 6. Three letters of reference, written within the last year, from public or private agencies.
- 7. A copy of its appeal procedures for applicants.
- 8. For initial applications only, a sample evaluation that complies with the requirements of Title 16, California Code of Regulations section 9.1(b).

I hereby certify, under penalty of perjury under the law I am a person authorized to act for and bind the applicanswers, and representations made on this form and are true, complete, and accurate to the best of my known and signing below, I am granting permission to the Accountancy to verify the information provided.	cant and that all statements, any accompanying attachments owledge. By submitting this
Authorized Signature	Date
Print or Type Name	Title

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information requested on this application is mandatory pursuant to Business and Professions Code section 5094 and Title 16 CCR section 9.1. Failure to provide all of the information requested will result in the application being rejected as incomplete. The information provided will be used to determine qualification and continued qualification of the applicant for approval by the California Board of Accountancy (CBA) as a credential evaluation service. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the CBA unless the records are exempted from disclosure by law. Individuals may obtain information regarding the location of his or her records by contacting the CBA's Licensing Manager at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815 or (916) 561-1754.